

45th 11/24/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445369	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/09/2012
NAME OF PROVIDER OR SUPPLIER CLEVELAND CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2750 EXECUTIVE PARK PLACE CLEVELAND, TN 37312		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE	
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure smoke barrier fire ratings are maintained.</p> <p>The findings include:</p> <p>Observation on October 9, 2012 at 10:00 a.m. revealed penetrations above the ceiling on the 300 hall in the clean linen storage room.</p> <p>Observation on October 9, 2012 at 10:20 a.m. revealed penetrations above the ceiling on the 100 hall in the Occupational Therapy bathroom.</p> <p>These findings were verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on October 9, 2012.</p>	K 025	<p>K- 025</p> <p>1) Penetrations were sealed above the 300 hall in the clean linen storage room and the 100 hall in the Occupational Therapy bathroom by the Maintenance Director on 10-11-12.</p> <p>2) Audit of facility was completed to identify other areas of penetrations. Aberrances were corrected immediately. This audit was completed by the Maintenance Director on 10-16-12.</p> <p>3) Penetration audit will be added to the monthly preventive Maintenance log. Prior to outside contractors completing work, the Maintenance Director will inspect work site to ensure that there no penetrations.</p> <p>4) Audits will be reviewed quarterly by the Quality Assurance Committee to include the Director of Nursing, the Assistant Director of Nursing, MDS Coordinators, the Restorative Nurse Manager, Treatment Nurse, Staff Development Coordinator, Administrator, Medical Director, Social Services and Activities Director for further recommendations.</p>	10-30-12	
K 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single</p>	K 045	<p>K-045</p> <p>1) Light fixture was replaced with a double bulb fixture by the Maintenance Director on 10-11-12.</p>	10-30-12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

William Sawyer Administrator 10-23-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 045	Continued From page 1 lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure exit discharge was equipped with light fixtures containing a double bulb. The findings include: Observation on October 9, 2012 at 11:00 a.m. revealed the light fixture installed at the end of the service corridor only contained a single bulb light fixture. This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on October 9, 2012.	K 045	2) All exits were audited to ensure a double bulb fixture was in place. This audit was completed by the maintenance Director on 10-12-12. 3) Light fixture audits will be added to monthly preventive Maintenance log. This log will include double bulbs and functional. Aberrances will be corrected immediately. 4) Audits will be reviewed quarterly by the Quality Assurance Committee to include the Director of Nursing, the Assistant Director of Nursing, MDS Coordinators, the Restorative Nurse Manager, Treatment Nurse, Staff Development Coordinator, Administrator, Medical Director, Social Services and Activities Director for further recommendations.	10-30-12 10-30-12	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the automatic fire sprinkler system is maintained to ensure the safety of the residents.	K 062	K-062 1) Low voltage wiring was removed from/around the automatic sprinkler system above the ceiling inside the clean linen storage room on the 300 hall, the ceiling above room 102 and 202 by the Maintenance Director on 10-12-12. 2) Audit of facility was completed to identify other areas of low voltage wiring attached to or supported by the automatic sprinkler system by the Maintenance Director. This audit was completed on 10-19-12 and aberrances were corrected immediately.	10-30-12 10-30-12	

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NAME OF PROVIDER OR SUPPLIER CLEVELAND CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2760 EXECUTIVE PARK PLACE CLEVELAND, TN 37312		
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K 062	<p>Continued From page 2</p> <p>The findings include:</p> <p>Observation on October 9, 2012 at 10:05 a.m. revealed numerous low voltage wiring attached to or supported by the automatic sprinkler system above the ceiling on the 300 hall inside the clean linen storage room.</p> <p>Observation on October 9, 2012 at 10:25 a.m. revealed numerous low voltage wiring attached to or supported by the automatic sprinkler system above the ceiling on the 100 hall above patient room 102.</p> <p>Observation on October 9, 2012 at 10:25 a.m. revealed numerous low voltage wiring attached to or supported by the automatic sprinkler system above the ceiling on the 200 hall above patient room 202.</p> <p>These findings were verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on October 9, 2012.</p>	K 062	<p>3) The Sprinkler System will be audited monthly x three and quarterly there after to identify areas of low voltage wiring attached to or supported by the automatic sprinkler system by the Maintenance Director. Prior to outside contractors completing work, the Maintenance Director will inspect work site to ensure that there has been no attachment to or support of the automatic sprinkler utilized.</p> <p>4) Audits will be reviewed quarterly by the Quality Assurance Committee to include the Director of Nursing, the Assistant Director of Nursing, MDS Coordinators, the Restorative Nurse Manager, Treatment Nurse, Staff Development Coordinator, Administrator, Medical Director, Social Services and Activities Director for further recommendations.</p>	<p>10-30-12</p> <p>10-30-12</p>	